

# KANSAS HIV/STD SURVEILLANCE UPDATE

Department of Health and Environment, Bureau of Epidemiology and Disease Prevention

March 2001

**“The HIV/STD programs in the United States and in Kansas are very complex and historically the various parts and pieces have not always worked in compete unison or necessarily communicated their common interests and needs”.**

*(See “Putting the Pieces Together”, page 3)*



*The Kansas AIDS Ribbon was designed by the Kansas Capitol Chapter of the American Red Cross to raise hope and awareness in the state of Kansas and support the fight against HIV/AIDS.*

## CONTENTS

### Conference

2001 HIV Update Conference. .... 2

### HIV/STD Data

Kansas Ryan White Title II

C.A.R.E. Program Statistics. .... 5

Kansas Incident, Prevalent and

Cumulative AIDS Cases ..... 6

Kansas Incident, Prevalent and

Cumulative HIV Cases ..... 7

Kansas HIV and AIDS Cases

by Gender and Mode of Transmission. .... 8

Kansas Reported Cases of Chlamydia. .... 10

Kansas Reported Cases of Gonorrhea. .... 11

Kansas Reported Cases of Syphilis ..... 12

Kansas Infertility Prevention Project. .... 14, 15

### MAP

Regional AIDS Cases and Incidence ..... 9

### Features

Putting the Pieces Together. .... 3

HIV Prevention Case Management ..... 4

Kansas Ryan White Title II Services. .... 5

Infertility Project, Changes in

Chlamydia Screening. .... 13

## Our Mission:

The HIV/STD section works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention, and treatment of HIV and other STDs. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection, and the provision of treatment and clinical care services.

**HIV/STD Surveillance Update** is a semi-annual publication of the Kansas Department of Health and Environment with funding assistance from the Centers for Disease Control and Prevention.

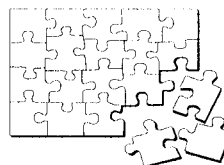
Gianfranco Pezzino, M.D., MPH  
**BEDP Director**

Karl Milhon  
**HIV/STD Director**

Allen Mayer  
**HIV/STD Deputy Director**

Gail Hansen, D.V.M., MPH  
**Epidemiology Director**

Terry McAdam  
**Copy Editor**



## 2001 HIV UPDATE CONFERENCE:

*Putting the Pieces Together*

12:00 p.m. Thursday, April 5  
to 1:30 p.m. Friday, April 6, 2001  
Kansas State University Student Union,  
Manhattan, Kansas

This conference is designed for KDHE HIV prevention counseling and testing (CTS) health education/risk reduction (HE/RR) contractors, Ryan White Title II CARE Program case managers, and Disease Intervention Specialists (DIS). Registration must be received by March 2 in order to assure hotel reservations. The conference is free for the first representative per site/contract, and includes mileage reimbursement, overnight hotel, materials, and meals. Additional representatives from each site/contract or independent entities may make their own travel and hotel arrangements and attend the conference for \$45, which includes materials and meals. Participants may pay a fee for nursing or KAAP (formerly KADACA) continuing education.

On Thursday afternoon, CTS, HE/RR, and CARE program representatives will meet separately to cover individual program requirements. Thursday evening will showcase a variety of program ideas in a carnival setting. Friday, contractors will attend two breakout sessions; planned topics include prevention program evaluation, the aging population, confidentiality and other legislative issues, hepatitis, assessing clients for alcohol and drug use, mental health issues, domestic violence assessment, cross-cultural issues, human sexuality education, Jewish-American issues, and disability insights. Everyone will gather together for a lunch presentation and the conference will close with program direction insights.

For more conference information, a registration brochure, or forms for presenting at Thursday evening's Carnival, contact Barbara VanCortlandt at 785-296-6545 or [bvancort@kdhe.state.ks.us](mailto:bvancort@kdhe.state.ks.us).

### Kansas Department of Health & Environment HIV/STD Section

109 SW 9<sup>th</sup> Street, Suite 605  
Topeka, KS 66612-1271

internet access: [www.kdhe.state.ks.us/hiv-std](http://www.kdhe.state.ks.us/hiv-std)

HIV/STD Director	785-296-6036
HIV/STD Deputy Director	785-296-5598
HIV Main Office	785-296-6173
STD Main Office	785-296-5596
Data Request HIV/AIDS	785-296-5587
Data Request STD	785-296-5596
Ryan White Title II	785-296-8701/8891
Ryan White Title II Field Operations	316-687-9273
Prevention Director	785-296-5223
Counseling/Testing Sites	785-296-5588
Training Coordinator	785-296-6545
DIS/Field Operations	785-296-5587
Surveillance Manager	785-368-8217
HE/RR Grants Manager	785-296-6544

## Putting the Pieces Together

The theme to the April 5<sup>th</sup> and 6<sup>th</sup> 2001 HIV Update Conference will be "Putting the Pieces Together." For the first time, all the parts and pieces of the state and federally funded HIV/STD continuum of care will be together coordinating and linking the shared goals of the various programs. The mission for the programs: Find the populations most at risk for contracting (HIV/STD), prompt those at risk to get tested, support those that are negative and positive for HIV or STD's in changing their behaviors to reduce future risk, and refer and provide infected persons to appropriate clinical care services including medications. The reality of accomplishing the mission is not as simple.

The combined state and federal budgets for HIV/STD in Kansas are approximately 7 million dollars. There are four separate major federal funding sources from two federal agencies for STD intervention, HIV Prevention, HIV/AIDS Surveillance and the Ryan White C.A.R.E. program. In addition, the state of Kansas provides funding to support HIV/STD prevention counseling and testing and HIV case management. Each of these funding sources are further broken down into sub programs including HIV Counseling and Testing, HIV Prevention Community Planning, the AIDS Drug Assistance Program and many more. The HIV/STD programs in the United States and in Kansas are very complex and historically the pieces have not always worked in complete unison or necessarily communicated their common interests and needs. That is changing.

The recently re-authorized Ryan White C.A.R.E Act, "Requires that the Secretary ensure that the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Health Care Financing Administration (HCFA) coordinate and integrate the planning, funding, and implementation of federal HIV programs to enhance the continuity of care and prevention services for individuals with

HIV." In addition, the re-authorized Ryan White C.A.R.E Act, in recognition of the importance of cross-program issues, also creates a new grant program to states for Partner Counseling and Referral Services and HIV surveillance activities. CDC draft goals for the national HIV Prevention Plan include, "Increas[ing] the proportion of HIV-infected people in the United States who are linked to appropriate care, prevention services and treatment services from the current estimated 50% to 80% by 2005." The stated national goals and objectives illustrate linkages that will be expected in the future and are being backed up with new grant requirements for outcomes and evaluation. Programs will have to demonstrate effectiveness not just activity.

The primary purpose of the upcoming HIV/STD Update conference is to further the process of putting the pieces of all of this together in Kansas. The emphasis by both CDC and HRSA on evaluation and outcomes are guiding the development of data systems within Kansas. Programs must evaluate the effectiveness of integrated and linked efforts in ways that have not have been done in the past. HIV/STD programs can now assess linkages across program lines from outreach prevention to Ryan White clinical care services. This is illustrated in the KDHE "Reported HIV Infections in Kansas" reports that can be accessed on our web site at <http://www.kdhe.state.ks.us/hiv-std/index.html>. The programs have also developed the data tools to assess quality of clinical care outcomes within the Ryan White program and are now moving toward integrating prevention elements into all components of our continuum of care.

The upcoming conference will be an important turning point as all programs put the pieces together not just for HIV and STD issues but beyond including substance abuse, mental health, education and other public health issues such as Hepatitis. KDHE staff look forward to working with our governmental and non-governmental public health partners in the process.

## HIV Prevention Case Management

One of the pieces of a comprehensive HIV Prevention plan is to recognize that prevention targeted to already infected individuals must become a high priority. This has noticeably been absent historically from national HIV Prevention objectives. The recent Institute of Medicine Report No Time to Lose, Getting More from HIV Prevention, states that, "omitting persons with HIV from prevention efforts represents an important missed opportunity for averting new infections." It further goes on to state that, "This failure is made even more glaring by the fact that advances in antiretroviral therapy have considerably increased the number of people living with HIV and receiving care....If prevention programs are to more effectively reach those already diagnosed with HIV, then linking clinical care and prevention is a logical next step."

More and more emphasis is being placed by federal grantees upon the need to communicate prevention messages within care settings. In the just released national HIV Prevention Plan, Centers for Disease Control and Prevention (CDC) states as one of the four major United States oriented goals for HIV prevention, "By 2005, increase from the current estimated 50% to 80% the proportion of HIV-infected people in the United States who are linked to appropriate prevention, care and treatment services. This prevention goal explicitly links prevention with clinical care services and integrates these two essential pieces of the continuum of care provided to Kansas citizens affected by HIV.

In Kansas, part of the funding that supports case management is from federal HIV prevention resources. These funds are provided to support prevention case management messages within Ryan White C.A.R.E. services. Prevention Case Management (PCM) is the primary concept surrounding this important activity. This concept must be strengthened. The Kansas HIV/AIDS Community Planning Group has always identified HIV positive individuals as a high priority population for prevention. Strengthening ties between prevention and case management will be

a primary focus at KDHE. As part of a holistic approach to addressing client care, prevention is an area often overlooked or minimized in the face of more immediate client needs. It is, however, something that must be addressed as a part of the overall care service.

HIV prevention case management (PCM) is a "client-centered HIV prevention activity to promote the adoption and maintenance of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. PCM is intended for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV acquisition, transmission, or reinfection. This HIV prevention activity addresses the relationship between HIV risk and other issues including substance abuse, STD treatment and mental health. This must be done in a socially and culturally appropriate manner, and social and cultural factors.

Seven components have been identified by the CDC as essential to PCM programs:

- ▶ Client recruitment and engagement;
- ▶ Screening and assessment (comprehensive assessment of HIV and STD risks, medical and psychological service needs - including STD evaluation and treatment, and substance abuse treatment);
- ▶ Development of a client-centered "Prevention Plan";
- ▶ Multiple session HIV risk-reduction counseling;
- ▶ Active coordination of services with follow-up;
- ▶ Monitoring and reassessment of clients' needs, risks and progress; and
- ▶ Discharge from PCM upon attainment and maintenance of risk-reduction goals.

For more information on PCM, look online at <http://www.cdcnac.org/npin/basic-results1.cfm> or contact the National Prevention Information Network at 1-800-458-5231 for case management guidance.

**Kansas Ryan White Title II C.A.R.E. Program**  
- Providing care services to those living with HIV and AIDS in the State of Kansas -

## Ryan White Title II Services

The Ryan White Title II CARE Services are those administered through contracted providers throughout the state. These providers include primary care clinics and physicians, dentists, pharmacies, local health departments, community-based organizations, mental health, and home healthcare agencies. The program currently reimburses providers at a fee-for-service rate. Below are listed the types of services provided to clients throughout the state along with a brief description of the service provided.

### Primary Care/Early Intervention Services

Primary care services assist clients in accessing physician and nurse services, diagnostic tests, and minor in-office procedures. HIV Medical Early Intervention clinics are also part of the regional care system which provides case management and medical care for individuals throughout the state. These clinics provide services to clients who are medically indigent, having an income at or below 300% of the poverty level and having no private or public medical insurance to cover their medical care.

### Dental Care Services

The dental care program is designed to assist clients receiving dental services for preventative care and infection control. Although these services can only be administered through contracted providers, the program is always willing to enroll dentists in order to serve clients.

### Mental Health/Substance Abuse Services

The mental health/substance abuse program is one that is steadily utilized through increased education to clients and enrollment of providers. Designed to assist clients with outpatient mental health and substance abuse treatment, this program also provides reimbursement on some psychotropic medications used in treatment.

### Home Healthcare Services

Clients who may require home healthcare services can receive up to \$2,000 a month in services. These services include: skilled nursing, home health aide, home intravenous therapy, attendant care, durable medical equipment, routine diagnostic tests within the home, routine home care, day care, and dietary services.

### AIDS Drug Assistance Program (ADAP)

The program is designed to assist in the purchase of specific medications for treatment of HIV/AIDS through participating pharmacies for individuals who are without health insurance, awaiting Medicaid eligibility determination, or have unmet Medicaid spenddown requirements. Clients are able to select a pharmacy from the list of participating pharmacy providers. To date, over 43 medications are included on the Kansas Ryan White Title II Formulary for the treatment of HIV disease and prevention of opportunistic infections.

### Case Management Services

Ryan White Title II Case Management is a comprehensive service delivery system contracted to link individuals with needed care components. Case management is an approach to non-emergency HIV-related service delivery that is client focused and community-minded. As a means to enhance the quality of life for people affected by HIV, case management is comprehensive in scope.

### Health Insurance Continuation (HIC) Services

The insurance continuation program is designed to assist clients by paying part or all of the monthly premium for medical insurance coverage. Clients must have a health care plan in effect at the time of enrollment. HIC services for an individual or family are based upon cost-effectiveness to the Kansas Ryan White Title II Program. Some services include COBRA insurance premium payments and co-pays.

**If you or someone you know would be willing to be a provider through the Ryan White Title II CARE Program, please contact David Tritle at (785) 296-8701 or Phil Griffin at (316) 687-9273.**

#### Kansas Ryan White Title II C.A.R.E. Program Statistics:

From April 1, 2000 thru December 31, 2000, the CARE Program enrolled 99 new Kansans living with HIV and AIDS totaling 533 eligible clients enrolled in Title II Services. Of those eligible for Title II services, 472 have accessed care services and 389 have accessed the AIDS Drug Assistance Program (ADAP) since April 1, 2000. Listed below are the statistics of those clients currently eligible for CARE Program services as of December 31, 2000:

<b>Race:</b>	108 (20.3%)	African-Amer.	<b>Age:</b>	17 (3.28%)	<26	<b>Services Accessed:</b>	389 (82%)ADAP
	6 (1.1%)	Amer. Indian/Native Amer.		158 (30.51%)	26 - 35		124 (26%) Dental Care
	3 (0.6%)	Asian-Pacific Islander		233 (44.98%)	36 - 45		7 (1%) Home Health
	371 (69.6%)	Caucasian		110 (21.23%)	>45		20 (4%) Insurance Cont.
	44 (8.3%)	Hispanic	<b>Gender:</b>	433 (81%)	Male		44 (9%) Mental Health
				100 (19%)	Female		150 (32%) Primary Care
<b>Regional Breakdown:</b>							
	36 (6.8%)	Region 1		38 (7.1%)	Region 2		22 (4.1%) Region 3
	67 (12.6%)	Region 4		26 (4.9%)	Region 5		26 (4.9%) Region 6
	33 (6.2%)	Region 7		257 (48.1%)	Region 8		28 (5.3%) Region 9

# Kansas Incident, Prevalent and Cumulative AIDS Cases, as of December 2000

	Kansas Incident* AIDS Cases July 2000 - December 2000			Kansas Prevalent** AIDS Cases as of December 2000		Kansas Cumulative*** AIDS Cases as of December 2000			U.S. Cumulative*** AIDS Cases as of June 2000		
Cases	Number	Deaths	Percentage	Number	Percentage	Number	Deaths	Percentage	Number	Deaths	Percentage
Adult/Adolescent	42	1	2.38	939	99.47	2,289	1,346	58.80	745,103	-	-
Pediatric (<13 Years)	0	0	0.00	5	0.53	13	7	53.85	8,804	-	-
<b>TOTAL</b>	42	1	2.38	944	100.00	2,302	1,353	58.77	753,907	438,79	58.20
Age	Number		Percentage	Number	Percentage	Number		Percentage	Number		Percentage
<13	0		0.00	5	0.53	13		0.56	8,804		1.17
13-19	1		2.38	10	1.06	17		0.74	3,865		0.51
20-29	9		21.43	209	22.14	499		21.68	126,105		16.73
30-39	16		38.10	434	45.97	1050		45.61	337,501		44.77
40-49	12		28.57	219	23.20	513		22.28	196,526		26.07
50+	4		9.52	67	7.10	210		9.12	81,103		10.76
Unknown	0		0.00	0	0.00	0		0.00	3		0.00
<b>TOTAL</b>	42		100.00	944	100.00	2302		100.00	753,907		100.00
Race/ Ethnicity											
White, Non Hispanic	23		54.76	652	54.76	1734		75.33	324,822		43.09
Black, Non Hispanic	13		30.95	195	30.95	396		17.20	282,720		37.50
Hispanic	5		11.90	81	11.90	139		6.04	137,575		18.25
Asian/Pacific Islander	1		2.38	5	2.38	10		0.43	5,546		0.74
American Native/ Alaska Native	0		0.00	11	0.00	22		5.56	381		4.33
Unknown	0		0.00	0	0.00	1		0.04	1,010		0.13
<b>TOTAL</b>	42		100.00	944	100.00	2302		100.00	753,907		100.00
Gender											
Male	34		80.95	816	80.95	2072		90.01	624,714		82.86
Female	8		19.05	128	19.05	230		9.99	129,190		17.14
Unknown	0		0.00	0	0.00	0		0.00	3		0.00
<b>TOTAL</b>	42		100.00	944	100.00	2302		100.00	753,907		100.00
Adult/ Adolescent Exposure Category											
Men who have sex with men (MSM)	16		38.10	554	59.19	1480		64.80	348,657		46.79
Injection Drug Use (IDU)	5		11.90	100	10.68	214		9.37	189,242		25.40
MSM and IDU	4		9.52	90	9.62	210		9.19	47,820		6.42
Hemophilia and/or Coagulation Disorder	1		2.38	10	1.07	42		1.84	5,121		0.69
Heterosexual Contact	7		16.67	133	14.21	208		9.11	78,210		10.50
Receipt of Blood/tissue components	0		0.00	10	1.07	47		2.06	8,666		1.16
Risk not known	9		21.43	42	4.47	83		3.63	67,387		9.04
<b>TOTAL</b>	42		100.00	939	100.00	2284		100.00	745,103		100.00
Pediatric (<13 Years) Exposure Category											
Hemophilia and/or Coagulation Disorder	0		0.00	1	20.00	5		27.78	236		2.68
Mother with/at risk for HIV infection	0		0.00	2	40.00	10		55.56	8,027		91.17
Receipt of blood/tissue components	0		0.00	1	20.00	1		5.56	381		4.33
Risk not known	0		0.00	1	20.00	2		11.11	160		1.82
<b>TOTAL</b>	0		0.00	5	100.00	18		100.00	8,804		100.00

\* Incidence is the number of new cases in a specific time.

\*\* Prevalent cases are those people presumed living with HIV or AIDS.

\*\*\* Cumulative cases are those people ever reported with HIV or AIDS

# Kansas Incident, Prevalent and Cumulative HIV Cases, as of December 2000

	Kansas Incident* HIV Cases July 2000 - December 2000			Kansas Prevalent** HIV Cases as of December 2000		Kansas Cumulative*** HIV Cases as of December 2000			U.S. Cumulative*** HIV Cases as of June 2000	
Cases	Number	Deaths	Percentage	Number	Percentage	Number	Deaths	Percentage	Number	Percentage
Adult/Adolescent	56	1	1.79	242	97.58	246	4	1.63	128,289	98.42
Pediatric (<13 Years)	2	0	0.00	6	2.42	6	0	0.00	2,063	1.58
<b>TOTAL</b>	<b>58</b>	<b>1</b>	<b>1.72</b>	<b>248</b>	<b>100.00</b>	<b>252</b>	<b>4</b>	<b>1.59</b>	<b>130,352</b>	<b>100.00</b>
Age	Number		Percentage	Number	Percentage	Number		Percentage	Number	Percentage
<13	2		3.45	6	2.42	6		2.38	2,063	1.58
13-19	1		1.72	11	4.44	11		4.37	5,262	4.04
20-29	10		17.24	68	27.42	68		26.98	43,451	33.33
30-39	30		51.72	112	45.16	113		44.84	50,379	38.65
40-49	12		20.69	36	14.52	38		15.08	21,835	16.75
50+	3		5.17	15	6.05	16		6.35	7,351	5.64
Unknown	0		0.00	0	0.00	0		0.00	11	0.01
<b>TOTAL</b>	<b>58</b>		<b>100.00</b>	<b>248</b>	<b>100.00</b>	<b>252</b>		<b>100.00</b>	<b>130,352</b>	<b>100.00</b>
Race/Ethnicity										
White, Non Hispanic	30		51.72	146	51.72	149		59.13	48,878	37.50
Black, Non Hispanic	21		36.21	60	36.21	60		23.81	68,183	52.31
Hispanic	5		8.62	25	8.62	26		10.32	10,281	7.89
Asian/Pacific Islander	0		0.00	1	0.00	1		0.40	506	0.39
American Native/ Alaska Native	0		0.00	0	0.00	0		0.00	824	0.63
Unknown	2		3.45	16	3.45	16		6.35	1,680	1.29
<b>TOTAL</b>	<b>58</b>		<b>100.00</b>	<b>248</b>	<b>100.00</b>	<b>252</b>		<b>100.00</b>	<b>130,352</b>	<b>100.00</b>
Gender										
Male	48		82.76	199	82.76	203		80.56	93,527	71.75
Female	10		17.24	49	17.24	49		19.44	36,814	28.24
Unknown	0		0.00	0	0.00	0		0.00	11	0.01
<b>TOTAL</b>	<b>58</b>		<b>100.00</b>	<b>248</b>	<b>100.00</b>	<b>252</b>		<b>100.00</b>	<b>130,352</b>	<b>100.00</b>
Adult/Adolescent Exposure Category										
Men who have sex with men (MSM)	27		48.21	108	44.63	109		44.31	41,818	32.60
Injection Drug Use (IDU)	8		14.29	34	14.05	35		14.23	19,720	15.37
MSM and IDU	6		10.71	18	7.44	18		7.32	5,752	4.48
Hemophilia and/or Coagulation Disorder	0		0.00	0	0.00	0		0.00	462	0.36
Heterosexual Contact	5		8.93	39	16.12	39		15.85	21,143	16.48
Receipt of Blood/tissue components	0		0.00	3	1.24	3		1.22	791	0.62
Risk not known	10		17.86	40	16.53	42		17.07	38,603	30.09
<b>TOTAL</b>	<b>56</b>		<b>100.00</b>	<b>242</b>	<b>100.00</b>	<b>246</b>		<b>100.00</b>	<b>128,289</b>	<b>100.00</b>
Pediatric (<13 Years) Exposure Category										
Hemophilia and/or Coagulation Disorder	0		0.00	1	16.67	1		16.67	98	4.75
Mother with/at risk for HIV infection	2		100.00	5	83.33	5		83.33	1,782	86.38
Receipt of blood/tissue components	0		0.00	0	0.00	0		0.00	37	1.79
Risk not known	0		0.00	0	0.00	0		0.00	146	7.08
<b>TOTAL</b>	<b>2</b>		<b>100.00</b>	<b>6</b>	<b>100.00</b>	<b>6</b>		<b>100.00</b>	<b>2,063</b>	<b>100.00</b>

\* Incidence is the number of new cases in a specific time.

\*\* Prevalent cases are those people presumed living with HIV or AIDS.

\*\*\* Cumulative cases are those people ever reported with HIV or AIDS. Includes figures only from states with named HIV reporting.

HIV became reportable in Kansas July 1, 1999.

## AIDS cases by exposure category and gender reported through December 2000

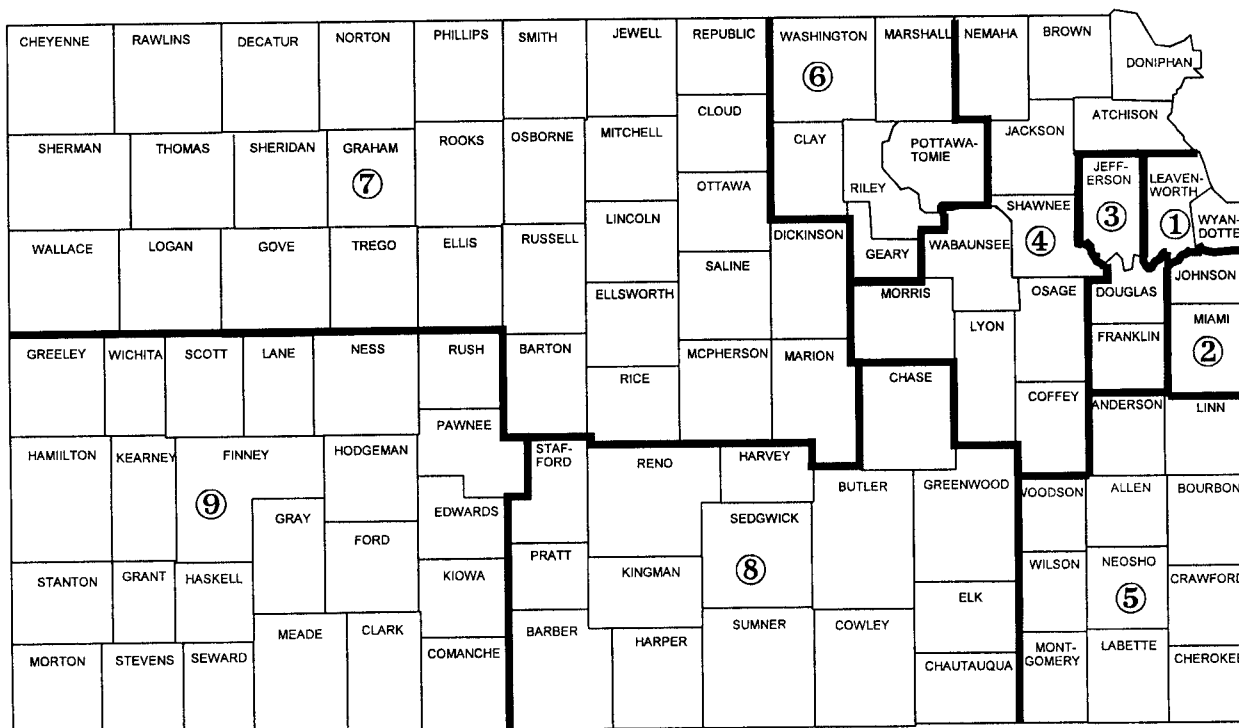
Adult/adolescent exposure category	Male		Female		Total	
	Prevalence Total No. (%)	Cumulative Total No. (%)	Prevalence Total No. (%)	Cumulative Total No. (%)	Prevalence Total No. (%)	Cumulative Total No. (%)
Men who have sex with men	554 (68)	1480 (72)	-	-	554 (59)	1480 (65)
Injecting Drug Use	72 (9)	156 (8)	28 (23)	58 (26)	100 (11)	214 (9)
Men who have sex with men and inject drugs	90 (11)	210 (10)	-	-	90 (10)	210 (9)
Hemophilia/Coagulation disorder	9 (1)	41 (2)	1 (1)	1 (<1)	10 (1)	42 (2)
Heterosexual contact	48 (6)	77 (4)	85 (69)	131 (59)	133 (14)	208 (9)
<i>Sex with injecting drug user</i>	5	11	17	35	22	46
<i>Sex with other high risk partner</i>	2	4	15	29	17	33
<i>Sex w HIV infected person risk not specified</i>	41	62	53	67	94	129
Receipt of blood, blood components, or tissue	7 (1)	30 (1)	3 (2)	17 (8)	10 (1)	47 (2)
Risk not reported/other	32 (4)	68 (3)	7 (6)	15 (7)	39 (4)	83 (4)
Adult/adolescent Total	812 (100)	2062 (100)	124 (100)	222 (100)	936 (100)	2284 (100)
Pediatric (<13 years old)					8	18
percentages do not add up to 100 due to rounding					Total Cases	944 2302

## HIV cases by exposure category and gender reported between July 1999 - December 2000

Adult/adolescent exposure category	Male		Female		Total	
	Prevalence Total No. (%)	Cumulative Total No. (%)	Prevalence Total No. (%)	Cumulative Total No. (%)	Prevalence Total No. (%)	Cumulative Total No. (%)
Men who have sex with men	108 (55)	109 (54)	-	-	108 (44)	109 (44)
Injecting Drug Use	20 (10)	21 (11)	14 (30)	14 (30)	34 (14)	35 (14)
Men who have sex with men and inject drugs	18 (9)	18 (9)	-	-	18 (7)	18 (7)
Hemophilia/Coagulation disorder	0 (0)	0	0 (0)	0	0 (0)	0 (0)
Heterosexual contact	15 (8)	15 (8)	24 (50)	24 (50)	39 (16)	39 (16)
<i>Sex with injecting drug user</i>	1	1	3	3	4	4
<i>Sex with other high risk partner</i>	0	0	2	2	2	2
<i>Sex w HIV infected person risk not specified</i>	14	14	19	19	33	33
Receipt of blood, blood components, or tissue	3 (2)	3 (2)	0	0	3 (1)	3 (1)
Risk not reported/other	32 (17)	34 (18)	8 (20)	8 (20)	40 (17)	42 (18)
Adult/adolescent Total	196 (100)	200 (100)	46 (100)	46 (100)	242 (100)	246 (100)
Pediatric (<13 years old)					6	6
Percentages do not add up to 100 due to rounding.					Total Cases	248 252



# Kansas Community Planning Regions



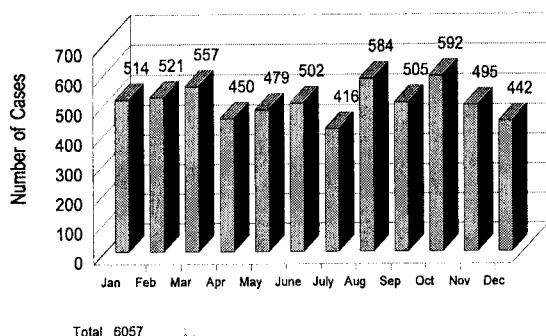
Region	Prevalent* HIV Cases as of December 2000	Cumulative** HIV Cases as of December 2000	Prevalent* AIDS Cases as of December 2000	Cumulative** AIDS Cases as of December 2000
1	49	49	216	461
2	29	29	152	397
3	5	5	44	101
4	28	30	82	229
5	8	8	17	106
6	6	6	24	79
7	8	8	35	74
8	104	105	352	794
9	10	11	22	61
Unknown	1	1	0	0
Total	248	252	944	2302

\* Prevalent cases are those people presumed living with HIV or AIDS.

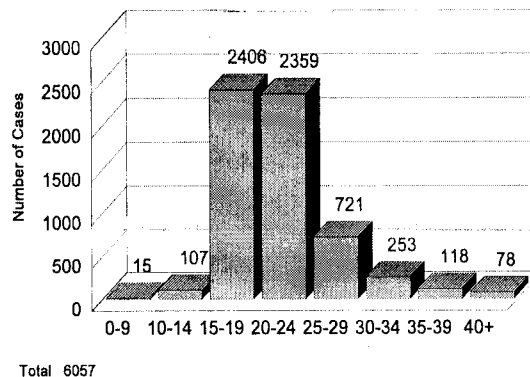
\*\* Cumulative cases are those people ever reported with HIV or AIDS.

# CHLAMYDIA

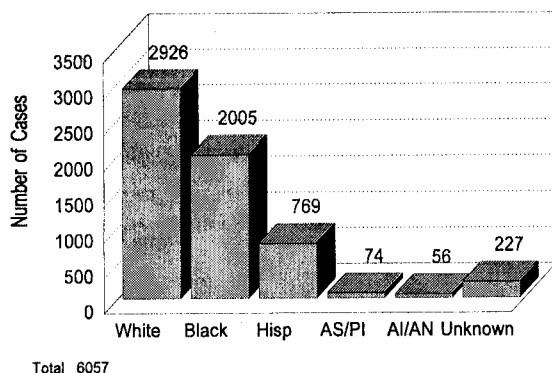
State of Kansas  
Reported Cases of Chlamydia by Month  
January - December 2000



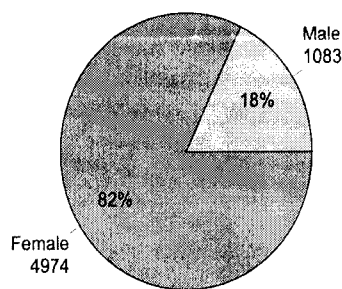
State of Kansas  
Reported Cases of Chlamydia by Age  
January - December 2000



State of Kansas  
Reported Cases of Chlamydia by Race  
January - December 2000



State of Kansas  
Reported Cases of Chlamydia by Sex  
January - December 2000



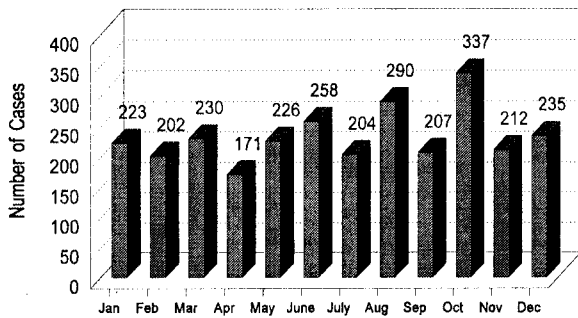
State of Kansas  
Reported Cases of Chlamydia by County  
January - December 2000

Cheyenne	2	Barling		Decatur		Norton	2	Phillips	4	Bath	3	Jewell		Republic	2	Washington	3	Marshall	6	Nowata	7	Brown	14	Comanche	11
Sherman	8	Thomas	8	Bierman	1	Graham	1	Rooks	9	Osborne	3	Mitchell	6	Cloud	8	Clay	3	Pottawatomie	14	Jackson	16	Jefferson	21	Atchison	
Wallace	3	Logan	1	Gove		Truett	9	Ellis	64	Russell	6	Lincoln	2	Osage	4	Ottawa	175	Wagoner	285	Nowata	11	Leavenworth	113	Wyandotte	1087
Greeley	5	Wichita	2	Scott	1	Lane	1	Mess	2	Rush		Barton	50	Rice	7	McPherson	25	Marion	10	Chase	6	Lyon	14	Franklin	36
Hamilton	6	Leahey	9	Finney	138	Hodgesman	1	Stafford	8	Ford	3	Neosho	115	Harvey	55	Butler	73	Greenwood	5	Haskell	7	Coffey	4	Linn	8
Stanton	4	Grant	20	Haskell	2	95		Kearney	1	Pratt	19	Kingman	6	Nowata	1529	Burner		Cowley	1	Montgomery	15	Larrette	39	Cherokee	12
Morton	4	Stevens	7	Seward	39	5	1	Comanche		Barber	3	Harper	9	25	68	Chautauque		50							

Total 6057

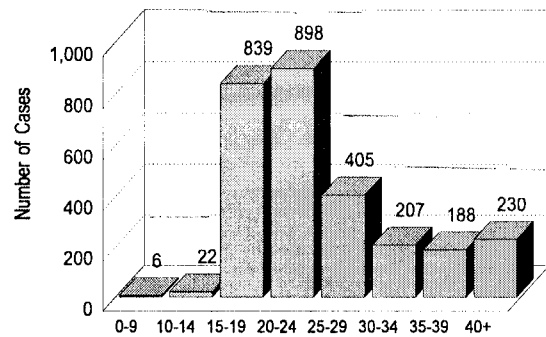
# GONORRHEA

State of Kansas  
Reported Cases of Gonorrhea by Month  
January - December 2000



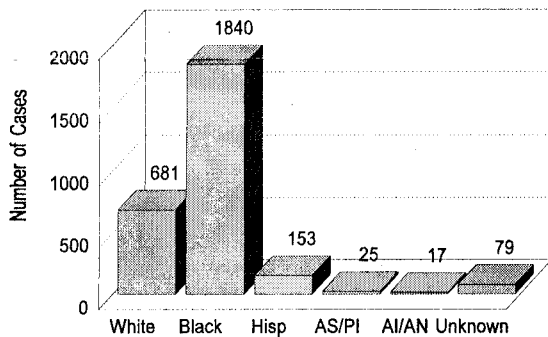
Total 2795

State of Kansas  
Reported Cases of Gonorrhea by Age  
January - December 2000



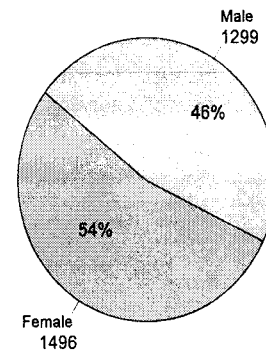
Total 2795

State of Kansas  
Reported Cases of Gonorrhea by Race  
January - December 2000



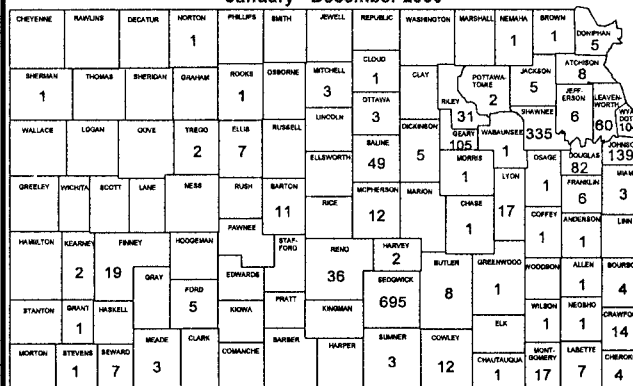
Total 2795

State of Kansas  
Reported Cases of Gonorrhea by Sex  
January - December 2000



Total 2795

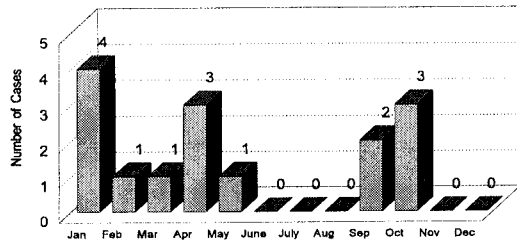
State of Kansas  
Reported Cases of Gonorrhea by County  
January - December 2000



Total 2795

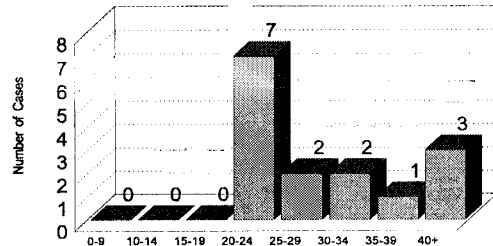
# SYPHILIS

State of Kansas  
Reported Cases of Early Syphilis by Month  
January - December 2000



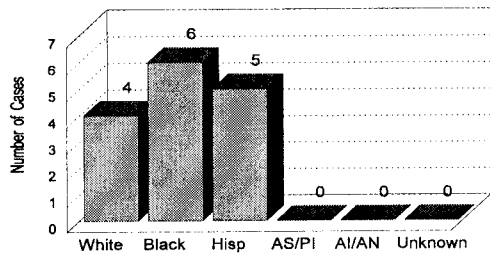
Total 15

State of Kansas  
Reported Cases of Early Syphilis by Age  
January - December 2000



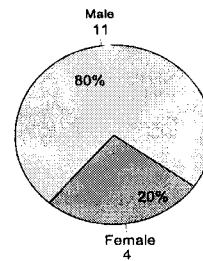
Total 15

State of Kansas  
Reported Cases of Early Syphilis by Race  
January - December 2000



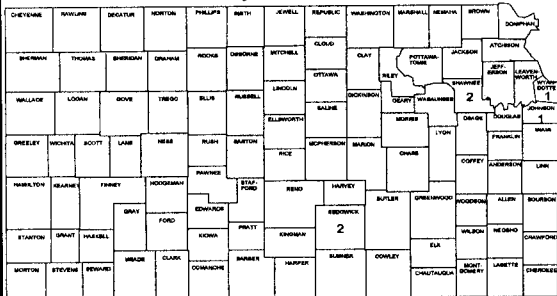
Total 15

State of Kansas  
Reported Cases of Early Syphilis By Sex  
January - December 2000



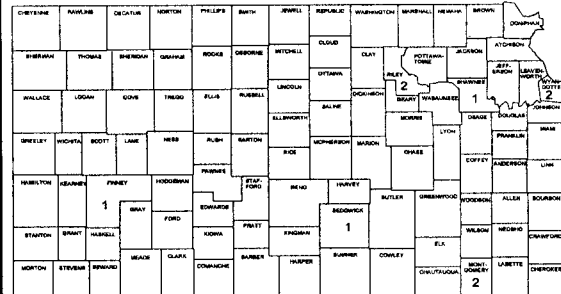
Total 15

State of Kansas  
Reported Cases of Primary and Secondary Syphilis by County  
January - December 2000



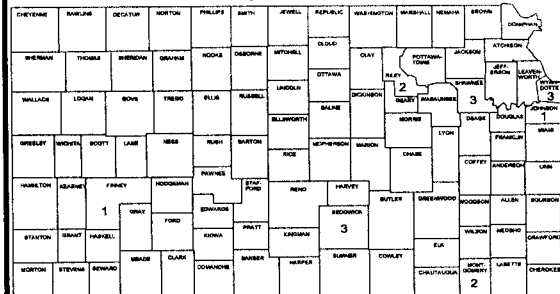
Total 6

State of Kansas  
Reported Cases of Early Latent Syphilis by County  
January - December 2000



Total 9

State of Kansas  
Reported Cases of Early Syphilis by County  
January - December 2000



Total 15

# Changes in Screening Criteria, Effective April 1, 2001 for Infertility Project Sites

The Kansas Infertility Prevention Project (KIPP) has had great success in initiating, developing, and maintaining screening for chlamydia across Kansas. The project has effectively collaborated with testing sites to promote prevention and reduction of sexually transmitted disease (STD) related infertility. However, the KIPP also has an obligation to efficiently direct its limited resources (i.e. chlamydia tests) to the women at highest risk for having a chlamydial infection.

The KIPP is a member of the Region VII Chlamydia Control Project (CCP), which also includes Iowa, Nebraska, and Missouri. The Region IIV CCP has recently evaluated the use of resources across the region. How effective is Kansas and the other states at delivering their limited resources? Specifically, does the screening criteria currently ensure the most effective delivery of chlamydia testing in Kansas and the region.

The enclosed statistics from the KIPP for FY2000 indicate that screening sites have been successful in delivering chlamydia testing to women at highest risk in Kansas. In an effort to build on the current success of the KIPP screening sites; the state lab, the sexually transmitted disease program, and the family planning program in conjunction with Region VII (CCP) are implementing the following screening criteria changes that will concentrate testing for women at highest risk for chlamydia:

## **STD Clinics**

Screen All Women

## **Prenatal Clinics**

Screen All at First Visit

Re-screen All Women Who Tested Positive at First Screen (must wait at least 3 weeks after completion of treatment)

## **Family Planning and All Other Clinics**

All Women  $\leq$  24 years of age

All Women 25 and Older with at least one of the following:

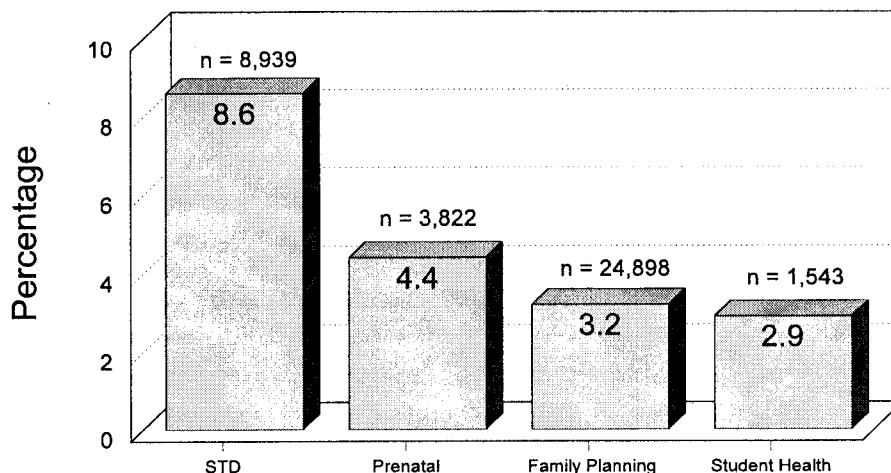
- Recent Contact to a Male with Urethritis, Known Chlamydia or Other STD
- Signs or Symptoms Suggesting Chlamydia Infection: Cervicitis, Urethritis, or Pelvic Inflammatory Disease(PID)

*KIPP screening sites should note that, "new partner or multiple partners within the last 90 days" has been dropped from the screening criteria.*

# Kansas Infertility Prevention Project (KIPP)

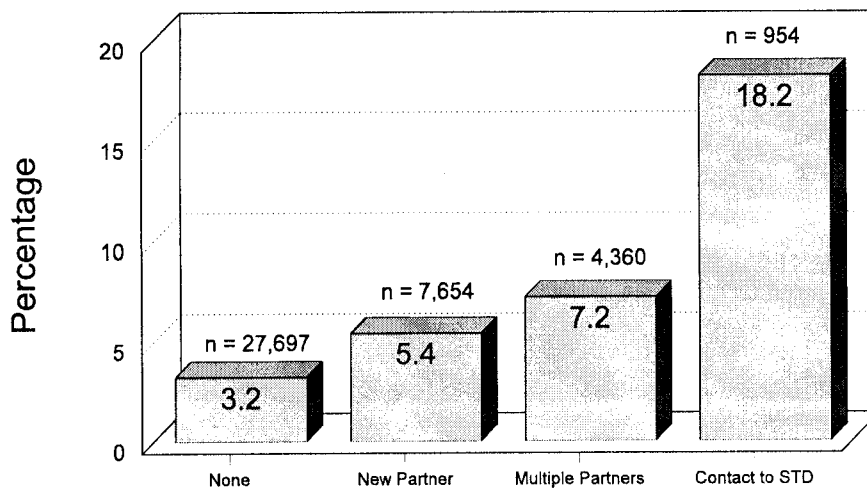
## January - December 2000

Percent Chlamydia Positive By Clinic



**41,972 Screens: 1899 Positives**

Percent Chlamydia Positive By Risk Factor



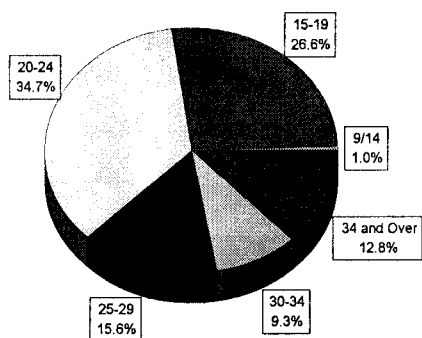
**41,972 Screens: 1899 Positives**

**Positivity is highest in STD clinics and contacts to STDs.**  
This was consistent with screenings across Region VII (Kansas, Missouri, Nebraska, and Iowa).

KIPP Sites Screened 41,972 Patients: 1899 or 4.5% Were Positive

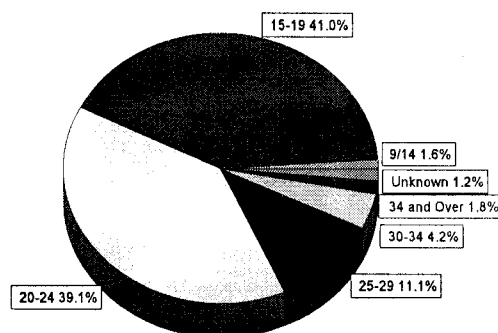
### Total Tests By Age Group

n = 41,972



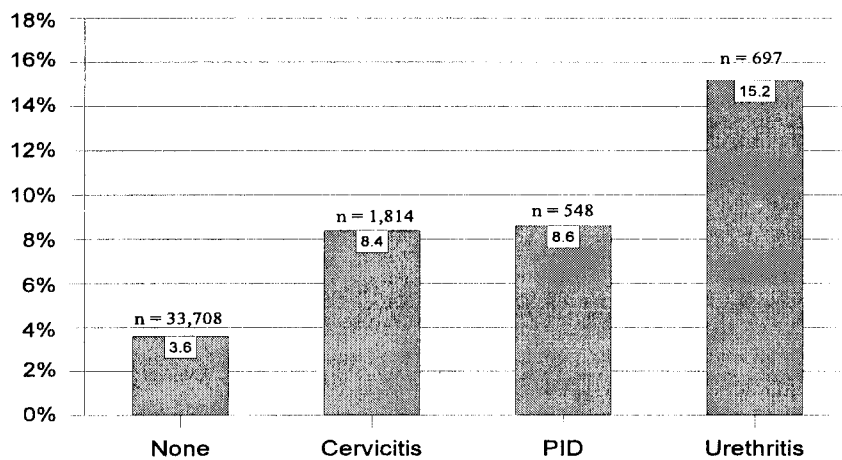
### Percent Positives by Age Group

n = 1899 positives



**80.1% of all positive tests were identified in the 15-24 age groups. Chlamydia screenings are directed at the age groups most at risk in Kansas.**

### Chlamydia Test Results By Clinical Signs



5,160 Screens had Unknown Clinical Observance

**Urethritis was the best predictor of a positive chlamydia test for the KIPP in 2000.**